

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000708

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 65

Primary Registration District No.

Registrar's No. 7

STATE FILE NUMBER

FILED FEB 14 1963

1. PLACE OF DEATH

a. COUNTY

CHARITON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

TRIPPLETT

Length of stay in lb

12 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CHARITON

c. CITY

OR

TOWN

TRIPPLETT

d. STREET
ADDRESS

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CLARA M. PRICE

4. DATE

Month

Day

Year

Feb 10 - 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-8-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (City and state or country)

Chariton, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William A Myers

13b. MOTHER'S MARDEN NAME

Alice Kidd

14. NAME OF HUSBAND OR WIFE

J.H. Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Doris Monach Triplett Mo

18. CAUSE OF DEATH (Enter only one cause of death)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

MASSIVE HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

RUPTURE (SPONTANEOUS) OF ANEURYSM

5 YRS

DUE TO (c)

OF ABDOMINAL AORTA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CORONARY SCLEROSIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 1945 to FEB. 10, 1963 and last saw her alive on FEB. 6, 1963
Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kenneth L. Rosenance D.O.

22b. ADDRESS

TRIPPLETT Mo.

22c. DATE SIGNED

2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/13/63

23c. NAME OF CEMETERY OR CREMATORY

McCallough

23d. LOCATION (City, town, or county)

TRIPPLETT Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

S. L. Heipard Mendon Mo

25. DATE RECD. BY LOCAL REG.

Feb 13 - 1963

26. REGISTRAR'S SIGNATURE

Dovie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

6210

6210

3

4 1

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8 2

9451X

10

11

1290-2

132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. R. Reipert

Licensed Embalmer No.

3970

P. O. Address

~~MEHON~~ MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.